

EXHIBIT 4

FORM PA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

71-701

PA

PAU

EFFECTIVE DATE OF REGISTRATION

June 17 1980
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM PA/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS	NATURE OF THIS WORK (See instructions) MOTION PICTURE
	PREVIOUS OR ALTERNATIVE TITLES:	

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of the work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	NAME OF AUTHOR: Atari, Inc.	DATES OF BIRTH AND DEATH Born _____ Died _____ (Year) (Year)
	Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in U.S.A. (Name of Country) (Name of Country)	If the answer to either of these questions is "Yes," see detailed instructions attached.
AUTHOR OF: (Briefly describe nature of this author's contribution) CREATIVE CINEMATOGRAPHIC WORK		
3 Creation and Publication	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH Born _____ Died _____ (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>
	AUTHOR OF: (Briefly describe nature of this author's contribution)	
3 Creation and Publication	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH Born _____ Died _____ (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>
AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes," see detailed instructions attached.

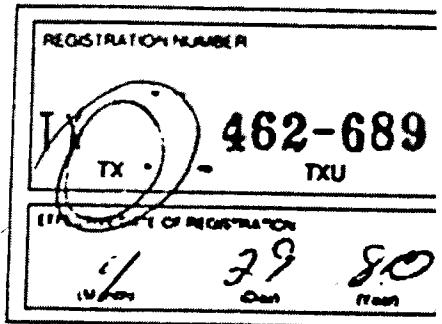
3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1979 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date September 12 1979 Month Day Year Nation United States of America (Name of Country) (Complete this block ONLY if this work has been published.)
--------------------------------------	--	--

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. 1265 Borregas Avenue Sunnyvale, California 94086
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.) _____ _____ _____	

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 2 pages



DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TXC/CON)

1 Title	TITLE OF THIS WORK: COCKTAIL ASTEROIDS TM Operation, Maintenance and Service Manual (TM-150) If a periodical or serial give: Vol. No. Issue Date	PREVIOUS OR ALTERNATIVE TITLES:
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical work or collection, give information about the collective work in which the contribution appeared)	
	TITLE OF COLLECTIVE WORK: Vol. No. Date	Page

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee. If any part of this work was "made for hire" check "Yes" in the space provided, give the employer or other person for whom the work was prepared as "Author" of that part, and leave the space for dates blank.		
	1	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH Born _____ Died _____
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) or Domiciled in U.S.A. (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK? Assignment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Employment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes" see detailed instructions attached
	2	NAME OF AUTHOR: Entire text Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	DATES OF BIRTH AND DEATH Born _____ Died _____
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) or Domiciled in (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK? Assignment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Employment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes" see detailed instructions attached	
3	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	DATES OF BIRTH AND DEATH Born _____ Died _____	
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) or Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK? Assignment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Employment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes" see detailed instructions attached	

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1980 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date April 21 1980 Month Year Nation U.S.A. (Complete this section if the work was never published)
-------------------------------	--	---

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 1272 Borregas Avenue Sunnyvale, CA 94086	
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a short statement of how the claimant(s) obtained ownership of the copyright.)	

- * Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- * Follow detailed instructions attached
- * Sign the form at line 10

DO NOT WRITE HERE
Page 1 of 2 pages

TX 462-689

SEARCHED BY <i>[Signature]</i>	INDEXED BY <i>[Signature]</i>
CHECKED BY <i>[Signature]</i>	APR 29 1980
CORRESPONDENCE: <input type="checkbox"/> Yes	DEPOSIT RECEIVED: APR 29 1980 APR 29 1980
DEPOSIT ACCOUNT FUNDS USED: <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE:

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work or for an earlier version of this work, already been made in the Copyright Office? Yes No
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant
 - This is a changed version of the work, as shown by line 6 of this application
- If your answer is "Yes," give Previous Registration Number 364 242

Year of Registration 1979

5

Previous Registration

COMPILED OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL (Identify any preexisting work or works that this work is based on or incorporates)

ASTEROIDS™ Operation, Maintenance, and Service Manual... (TM-143)

MATERIAL ADDED TO THIS WORK (Give a brief general statement of the material that has been added to this work and in which copyright is claimed)
Changed almost all figures; also about 60% of the text.

6

Compilation or Derivative Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

Printing:
Consolidated Publications Inc.

PLACES OF MANUFACTURE

3400 Bayshore Road, Palo Alto, CA 94303

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute, with or without physical handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols), or (2) phonorecords embodying a fixation of a reading of that work or (3) both.

 Copies and phonorecords Copies Only Phonorecords Only

8

License For Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of account)

Name Atari Inc. / Coin-Op Engineering
Account Number DA 055360

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name Andrea Dencker / Atari, Inc.

Address P. O. Box 427

(City) Sunnyvale, Ca

(State) 94086 (ZIP)

9

Fee and Correspondence

CERTIFICATION: # I, the undersigned, hereby certify that I am the. (Check one)

- Author Other copyright claimant Owner of exclusive rights Authorized agent of
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature: (X)

Atari, Inc.

(Name of author or other copyright claimant or owner of exclusive rights)

Typed or printed name Andrea Dencker / Atari, Inc. Date 4/23/80

10

Certification (Application must be signed)

Andrea Dencker / Atari, Inc.

(Name) P. O. Box 427, 1272 Borregas Avenue

(Number, Street and Apartment Number)

Sunnyvale, CA

94086

(City)

(State) (ZIP code)

MAIL CERTIFICATE

TO

MAY 22 1980

(Certificate will be mailed in window envelope)

11

Address For Return of Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
TX	683-133	
TX		TXU
EFFECTIVE DATE OF REGISTRATION		
<i>April</i>	<i>22</i>	<i>1981</i>
(Month)	(Day)	(Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TX/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS/CABARET Operation, Maintenance and Service Manual (TM-155)		PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial give Vol. No. Issue Date.....		
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work Vol. No. Date Pages.....			

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire," check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	NAME OF AUTHOR: Atari, Inc.		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
	Was this author's contribution to the work a "work made for hire"? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/>		
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in U.S.A. (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.
	AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text and illustrations		
	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
	Was this author's contribution to the work a "work made for hire"? Yes. <input type="checkbox"/> No. <input type="checkbox"/>		
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.
	AUTHOR OF: (Briefly describe nature of this author's contribution)		
	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
Was this author's contribution to the work a "work made for hire"? Yes. <input type="checkbox"/> No. <input type="checkbox"/>			
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.	
AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1980	DATE AND NATION OF FIRST PUBLICATION: Date June 9, 1980 (Month) (Day) (Year) Nation U.S.A. (Name of Country)
	(This information must be given in all cases) (Complete this block ONLY if this work has been published)	

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, CA 94086	
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)	

<p>* Added by C.O. authority telephone conversation of 5/13/81 with Andrea M. Dencker of Atari, Inc.</p> <p>TX 683-133</p>	EXAMINED BY	APPLICATION RECEIVED 22 APR 1981
	CHECKED BY	22 APR 1981
	CORRESPONDENCE <input type="checkbox"/> Yes	DEPOSIT RECEIVED 22 APR 1981
DEPOSIT ACCOUNT FUNDS USED <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE 22 APR 1981	FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes XX
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant
 - This is a changed version of the work, as shown by line 6 of this application
- If your answer is "Yes," give Previous Registration Number _____ Year of Registration _____

5

Previous Registration

COMPILE OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)

- * Previously published 1979 edition
- MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)
- * New Illustrations, additional text and editorial revisions

6

Compilation or Derivative Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS	PLACES OF MANUFACTURE
Atari, Inc. (typeset in-house)	P. O. Box 427, Sunnyvale, CA 94086
Consolidated Publications, Inc. (printer)	1127 Sonora Ct., Sunnyvale, CA 94086

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both

 Copies and phonorecords Copies Only Phonorecords Only

8

Library Fee

Manufacturing

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name: Atari, Inc./Coin-Op Engineering
Account Number: DA055360

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name: Andrea Dencker / Atari, Inc.
Address: P. O. Box 427
Sunnyvale, Calif. 94086
(City) (State)

9

Fee and Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)

- Author Other copyright claimant Owner of exclusive rights Authorized agent of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge



Handwritten signature (X)

Typed or printed name

Andrea Dencker

Andrea Dencker

Date 4/16/81

10

Certification
I, Andrea Dencker, do hereby certify that I am the
Author and owner of the work identified in this application.

Andrea M. Dencker / Atari, Inc.
P. O. Box 427
(Number, Street and Apartment Number)
Sunnyvale, CA 94086
(City) (State) (ZIP code)

MAIL CERTIFICATE TO

(Certificate will be mailed in window envelope)

11

Address for Return of Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
IX	676-860	
TX	TXU	
EFFECTIVE DATE OF REGISTRATION		
April	22	1981
(Month)	(Day)	(Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TX/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE/CABARET Operation, Maintenance and Service Manual (TM-173)	PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial give: Vol. No. Issue Date.	
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work: Vol. No. Date Pages.	

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	NAME OF AUTHOR: Atari, Inc.	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)	
	Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No		
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.	
AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text and illustrations			
NAME OF AUTHOR:	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)		
Was this author's contribution to the work a "work made for hire"? Yes No.			
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.		
AUTHOR OF: (Briefly describe nature of this author's contribution)			
NAME OF AUTHOR:	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)		
Was this author's contribution to the work a "work made for hire"? Yes No.			
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.		
AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year. 1981 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date March 26, 1981 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published)

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, CA 94086	
		TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 10

DO NOT WRITE HERE

Page 1 of _____ pages

TX .. 676-860	EXAMINED BY <i>103</i>	APPLICATION RECEIVED 22 APR 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY <i>103</i>	DEPOSIT RECEIVED 22 APR 1981	
	CORRESPONDENCE <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE 22 APR 1981	
	DEPOSIT ACCOUNT Funds Used <input checked="" type="checkbox"/>		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes XX
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant
 - This is a changed version of the work, as shown by line 6 of this application
- If your answer is "Yes," give Previous Registration Number _____

5
Previous
Registration
Number

Year of Registration

COMPILE OR DERIVATIVE WORK: (See instructions)

PREEEXISTING MATERIAL: Identify any preexisting work or works that this work is based on or incorporates.

{ }

6
Compilation
or
Derivative
Work

MATERIAL ADDED TO THIS WORK (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)

{ }

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS	PLACES OF MANUFACTURE
Atari, Inc. (typesetting in-house)	P. O. Box 427, Sunnyvale, CA 94086
Consolidated Publications, Inc. (printing)	1127 Sonora Ct., Sunnyvale, CA 94086

7
Manufacture
or
Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

a Copies and phonorecords b Copies Only c Phonorecords Only

8
Licenses
for
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of account)

Name: **Atari, Inc./Coin-Op Engineering**
Account Number: **DA055360**

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent)

Name **Andrea Dencker / Atari, Inc.**
Address **P. O. Box 427**
Sunnyvale, Calif. 94086

9
Fee and
Correspondence
Name

CERTIFICATION: * I, the undersigned, hereby certify that I am the (Check one)

Author Other copyright claimant Owner of exclusive rights Authorized agent of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature (X)

Typed or printed name

Andrea Dencker

Andrea Dencker

Date **4/16/81**

10
Certification
Markings
must be
checked

Andrea M. Dencker / Atari, Inc.,
(Name)
..... P. O. Box 427 ..
(Number, Street and Apartment Number)
..... Sunnyvale, Calif. 94086 ..
(City) (State) (ZIP code)

**MAIL
CERTIFICATE
TO**

(Certificate will
be mailed in
window envelope)

11
Address
For Return
and
Certification

FORM TX

UNITED STATES COPYRIGHT OFFICE

A registration card with the following information:
REGISTRATION NUMBER: TX 744-954
EFFECTIVE DATE OF REGISTRATION: 03 AUG 1981
Month: Day: Year:

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

TITLE OF THIS WORK: ASTEROIDS DELUXE/COCKTAIL Operation, Maintenance and Service Manual (TM-174)		PREVIOUS OR ALTERNATIVE TITLES:
1	If a periodical or serial give Vol. . . . No. . . . Issue Date	
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.)		
Title of Collective Work		Vol. . . . No. . . . Date Pages

2 Author(s)	<p>IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions) If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.</p>		
1	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		DATES OF BIRTH AND DEATH: Born _____ Died _____ (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) or Domiciled in U.S.A. (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text and illustrations		If the answer to either of these questions is "Yes, see detailed instructions attached"
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		DATES OF BIRTH AND DEATH: Born _____ Died _____ (Year) (Year)
3	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) or Domiciled in (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes, see detailed instructions attached"
4	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		DATES OF BIRTH AND DEATH: Born _____ Died _____ (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) or Domiciled in (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes, see detailed instructions attached"

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year. 1981 <small>(This information must be given in all cases)</small>	DATE AND NATION OF FIRST PUBLICATION: Date February 26, 1981 <small>(Month) (Day) (Year)</small> Nation U.S.A. <small>(Name of Country)</small>
--	---	--

See detailed instructions attached

4 Claimant(s)	<p>NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S):</p> <p>Atari, Inc. P. O. Box 427 Sunnyvale, Calif. 94086</p> <p>TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)</p>
------------------	---

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page.
 - Follow detailed instructions attached
 - Sign the form at line 10

DO NOT WRITE HERE

TX 744-954	EXAMINED BY <i>P.L.</i> CHECKED BY <i>P.L.</i>	APPLICATION RECEIVED <i>10:10</i>	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE <input type="checkbox"/> Yes	DEPOSIT RECEIVED <i>10:10</i>	
	DEPOSIT ACCOUNT Funds US\$50 <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No **XX**
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form.
 - This is the first application submitted by this author as copyright claimant.
 - This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give Previous Registration Number Year of Registration

5

Previous Registration

COMPILE OR DERIVATIVE WORK: (See instructions)

- PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)
 { }

6

Compilation or Derivative Work

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)
 { }

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS
 Atari, Inc. (typeset, in-house)
 Consolidated Publications, Inc. (printer)

PLACES OF MANUFACTURE
 P. O. Box 427, Sunnyvale, CA 94086
 1127 Sonora Ct., Sunnyvale, CA 94086

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols), or (2) phonorecords embodying a fixation of a reading of that work; or (3) both

 Copies and phonorecords Copies Only Phonorecords Only**8**

License For Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account)

Name: Atari, Inc./Coin-Op Engineering
 Account Number: DA055360

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name: Andrea Dencker / Atari, Inc.
 Address: P. O. Box 427
 (City) Sunnyvale, Calif. 94086
 (State) (ZIP)

9

Fee and Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the (Check one)

- author other copyright claimant owner of exclusive rights authorized agent of
 of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature: (X)

Typed or printed name:

Andrea M. Dencker

Andrea M. Dencker

Date: 7/28/81

10Certification
(Application must be signed)

Andrea M. Dencker / Atari, Inc. (Name) P. O. Box 427 (Number, Street and Apartment Number) Sunnyvale, California 94086 (City) (State) (ZIP code)		
---	--	--

**MAIL
CERTIFICATE
TO**

(Certificate will be mailed in window envelope)

11

Address For Return of Certificate

FORM VA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
VAlj	24-510
VA	
EFFECTIVE DATE OF REGISTRATION	
20 APR 1981 (Month) (Day) (Year)	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM VA/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE PC Board Fabrication (036472-01)	NATURE OF THIS WORK: (See instructions) Technical drawing
Previous Alternative Titles		
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared)		
Title of Collective Work Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided; give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank		
	NAME OF AUTHOR: Atari, Inc.	DATES OF BIRTH AND DEATH:	
	Was this author's contribution to the work a "work made for hire"? Yes XX No	Born (Year)	Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ or Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No X Pseudonymous? Yes No X If the answer to either of these questions is "Yes," see detailed instructions attached	
AUTHOR OF: (Briefly describe nature of this author's contribution) Technical drawing			
	NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:	
	Was this author's contribution to the work a "work made for hire"? Yes No	Born (Year)	Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ or Domiciled in _____ (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached	
AUTHOR OF: (Briefly describe nature of this author's contribution)			
	NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:	
	Was this author's contribution to the work a "work made for hire"? Yes No	Born (Year)	Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ or Domiciled in _____ (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached	
AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1981 (This information must be given in all cases.)	DATE AND NATION OF FIRST PUBLICATION: Date _____ Native _____ (Name of Country) (Complete this block ONLY if this work has been published)
--------------------------------------	--	---

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, CA 94086
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)	

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 8

DO NOT WRITE HERE

Page 1 of ... pages

Vau 24-510	EXAMINED BY <i>(Signature)</i>	APPLICATION RECEIVED	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY <i>(Signature)</i>	DEPOSIT RECEIVED	
	CORRESPONDENCE <input type="checkbox"/> Yes	20 APR 1981 <i>80-APP-510</i>	
DEPOSIT ACCOUNT FUND'S USED <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM VA/CON)

PREVIOUS REGISTRATION:		5 Previous Registration
<ul style="list-style-type: none"> Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> XX If your answer is "Yes," why is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form <input type="checkbox"/> This is the first application submitted by this author as copyright claimant <input type="checkbox"/> This is a changed version of the work, as shown by line 6 of the application If your answer is "Yes," give Previous Registration Number Year of Registration 		

COMPILED OR DERIVATIVE WORK: (See instructions)		6 Compilation or Derivative Work
PREEEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)		
MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copy right is claimed.)		

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of account)	CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent)	7 Fee and Correspondence
Name Atari, Inc./Coin-Op Engineering Account Number DA055360	Name Andrea Dencker / Atari, Inc. Address P. O. Box 427 Sunnyvale, Calif. 94086	

CERTIFICATION: # I, the undersigned, hereby certify that I am the (Check one) <input type="checkbox"/> Author <input type="checkbox"/> Other copyright claimant <input type="checkbox"/> Owner of exclusive rights <input checked="" type="checkbox"/> Authorized agent of		8 Certification Application must be signed
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.  Handwritten signature (X) Andrea Dencker Typed or printed name Andrea Dencker Date 4/15/81		

Andrea M. Dencker / Atari, Inc. <small>(Name)</small> P. O. Box 427 <small>(Number Street and Apartment Number)</small> Sunnyvale, CA 94086 <small>(City) (State) (ZIP code)</small>		MAIL CERTIFICATE TO <small>(Certificate will be mailed in window envelope)</small>	9 Address For Return of Certificate
--	--	--	---

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	756-750
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
8	19 81
Month	Day
Year	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: "ASTEROIDS" IV Computer Program (coin-op) If a periodical or serial give: Vol. No. Issue Date.	PREVIOUS OR ALTERNATIVE TITLES:
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work: Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions) If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	NAME OF AUTHOR: ATARI, INC. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born _____ Died _____
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in ... U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Computer Program - See Space 6	If the answer to either of these questions is "Yes, see detailed instructions attached"
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born _____ Died _____
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in ... (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes, see detailed instructions attached"
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born _____ Died _____
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in ... (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes, see detailed instructions attached"

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year. 1979 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date June 14, 1979 Month Day Year Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published)
--------------------------------------	---	--

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): ATARI, INC. 1265 Borregas Avenue Sunnyvale, California 94086
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright)	

- * Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- * Future detailed instructions attached
- * Sign the form at line 10

DO NOT WRITE HERE

Page 1 of 72 pages

TX 756-750	EXAMINED BY: <i>JB</i>	APPLICATION RECEIVED 19 AUG 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY:	DEPOSIT RECEIVED 19 AUG 1981	
	CORRESPONDENCE: <input type="checkbox"/> Yes	DEPOSIT ACCOUNT FUND'S USED: <input checked="" type="checkbox"/>	
REMITTANCE NUMBER AND DATE			

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant
 - This is a changed version of the work, as shown by line 6 of this application
- If your answer is "Yes," give Previous Registration Number **Pending**

5
Previous
Registration

Year of Registration **1981****COMPILED OR DERIVATIVE WORK: (See instructions)**

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates)

{ **ASTEROIDS. I and ASTEROIDS II Computer Programs** }

MATERIAL ADDED TO THIS WORK. (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)

Additions, changes and revisions.

6
Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details)

NAMES OF MANUFACTURERS

ATARI, INC.

PLACES OF MANUFACTURE

United States of America

7
Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form in space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office. (1) copies of the work identified in space 1 of this application in Braille or similar tactile symbol, or (2) phonorecords embodying a fixation of a reading of that work, or (3) both.

 Copies and phonorecords Copies Only Phonorecords Only

8
License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of account)

Name: **TOWNSEND and TOWNSEND**
Account Number: **DA-013986****CORRESPONDENCE:** (Give name and address to which correspondence about this application should be sent)Name: **Warren P. Kujawa**
Address: **TOWNSEND and TOWNSEND**
One Market Plaza
Steuart Street Tower, 20th floor
San Francisco, CA. 94105

9
Fee and
Correspondence

CERTIFICATION: # I, the undersigned, hereby certify that I am the. (Check one)

- Author
 - Other copyright claimant
 - Owner of exclusive rights
 - Owner agent
- of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge



Handwritten signature (X)

Typed or printed name

Warren P. KujawaDate **7/2/81**

10
Certification
(Application
must be
signed)

Warren P. Kujawa		
TOWNSEND and TOWNSEND		
One Market Plaza		
Steuart Street Tower, 20th floor		
San Francisco, CA. 94105		
IC121	IS100	(ZIP code)

**MAIL
CERTIFICATE
TO**

(Certificate will be mailed in window envelope)

11
Address
For Return
of
Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
TX	756-751	
TXU		
EFFECTIVE DATE OF REGISTRATION		
8	19	81
Month	Day	Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE I COMPUTER PROGRAM (Coin-Op) If a periodical or serial, give Vol. No. Issue Date.	PREVIOUS OR ALTERNATIVE TITLES: N/A
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work: Vol. No. Date Pages	

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions) If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	NAME OF AUTHOR: ATARI, INC.	DATES OF BIRTH AND DEATH: Born _____ Died _____ (Year) (Year)
	Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in U.S.A. (Name of Country)	If the answer to either of these questions is "Yes, see detailed instructions attached"
AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Computer Program - See Space 6		
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	DATES OF BIRTH AND DEATH: Born _____ Died _____ (Year) (Year)	
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes, see detailed instructions attached"
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	DATES OF BIRTH AND DEATH: Born _____ Died _____ (Year) (Year)	
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes, see detailed instructions attached"

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1980 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date August 1, 1980 (Month Day Year) Nation U.S.A. (Name of Country) Complete this block ONLY if this work has been published!

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): ATARI, INC. 1265 Borregas Avenue Sunnyvale, California 94086	
	TRANSFER: If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright)	

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 10

TX 756-751	EXAMINED BY: <i>[Signature]</i>	APPLICATION RECEIVED 19 AUG 1981	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED 19 AUG 1981	
	DEPOSIT ACCOUNT FUND USED. <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant.
 - This is a changed version of the work, as shown by line 6 of this application.

* If your answer is "Yes," give Previous Registration Number **Pending** Year of Registration **1981**

5

Previous Registration

COMPILE OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: Identify any preexisting work or works that this work is based on or incorporates!

ASTEROIDS I, ASTEROIDS II and ASTEROIDS IV. Computer Programs.

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)

Additions, revisions and changes.**6**

Compilation or Derivative Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

ATARI, INC.

PLACES OF MANUFACTURE

United States of America**7**

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbol), or (2) phonorecords embodying a fixation of a reading of that work, or (3) both.

a Copies and phonorecordsb Copies Onlyc Phonorecords Only**8**

License For Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of account.)

Name **TOWNSEND and TOWNSEND**
Account Number **DA-013986**

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent)

Name **Warren P. Kujawa**
Address **TOWNSEND and TOWNSEND
One Market Plaza
Steuart Street Tower, 20th floor**

(Apartment)

9

Fee and Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)

Author Other copyright claimant Owner of exclusive rights Authorized agent of
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge



Handwritten signature (X)

Typed or printed name

*Warren P. Kujawa*Date **7/2/81****10**Certification
(Application must be signed)

Warren P. Kujawa
TOWNSEND and TOWNSEND
One Market Plaza
Steuart Street Tower, 20th floor
San Francisco, CA 94105

**MAIL
CERTIFICATE
TO**

(Certificate will be mailed in window envelope)

11Address
For Return of Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
TX	756-752	TXU
EFFECTIVE DATE OF REGISTRATION		
8	19	81
(Month)	(Day)	(Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TX/CON)

1	TITLE OF THIS WORK: ASTEROIDS DELUXE" II Computer Program (Coin-op) <small>If a periodical or serial give: Vol. No. Issue Date.</small>	PREVIOUS OR ALTERNATIVE TITLES:
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work: Vol. No. Date Pages.		

2	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
Author(s)	NAME OF AUTHOR: ATARI, INC. <small>Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>		DATES OF BIRTH AND DEATH: Born <input type="text"/> Died <input type="text"/> (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of <input type="text"/> or Domiciled in <input type="text"/> (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>If the answer to either of these questions is "Yes," see detailed instructions attached</small>
	AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Work - See Space 6		
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>		DATES OF BIRTH AND DEATH: Born <input type="text"/> Died <input type="text"/> (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of <input type="text"/> or Domiciled in <input type="text"/> (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If the answer to either of these questions is "Yes," see detailed instructions attached</small>
	AUTHOR OF: (Briefly describe nature of this author's contribution)		
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>		DATES OF BIRTH AND DEATH: Born <input type="text"/> Died <input type="text"/> (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of <input type="text"/> or Domiciled in <input type="text"/> (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If the answer to either of these questions is "Yes," see detailed instructions attached</small>
	AUTHOR OF: (Briefly describe nature of this author's contribution)		

3	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year. 1980. (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date August 1, 1980 Month Day Year Nation U.S.A. (Name of Country)
<small>(Complete this block ONLY if this work has been published)</small>		

4	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. 1265 Borregas Avenue Sunnyvale, California 94086	
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)		

- * Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- * Follow detailed instructions attached
- * Sign the form at line 10

DO NOT WRITE HERE		
Page 1 of 2 Pages		

TX 756-752	EXAMINED BY: <i>J.A.</i>	APPLICATION RECEIVED: 19 AUG 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY:	DEPOSIT RECEIVED: 19 AUG 1981	
	CORRESPONDENCE: <input type="checkbox"/> Yes	DEPOSIT ACCOUNT Funds Used: <input checked="" type="checkbox"/>	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant
 - This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give Previous Registration Number. **Pending**
- Year of Registration **1981**

5

Previous Registration

COMPILE OR DERIVATIVE WORK: (See Instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates)

...ASTEROIDS, I, ASTEROIDS, II, ASTEROIDS, IV, and ASTEROIDS DELUXE I
...Computer Programs.

6

Compilation or Derivative Work

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)

...Additions, changes and revisions.

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details)

NAMES OF MANUFACTURERS
ATARI, INC.PLACES OF MANUFACTURE
United States of America

Manufacturing

7

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols) or (2) phonorecords embodying a fixation of a reading of that work; or (3) both

 Copies and phonorecords Copies Only Phonorecords Only**8**

Licenses For Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of account.)

Name **TOWNSEND and TOWNSEND**
Account Number **DA-013986**

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name **Warren P. Kujawa**
Address **TOWNSEND and TOWNSEND**
One Market Plaza
KM Steuart St Steptower, 20th floor

9

Fee and Correspondence

CERTIFICATION: # I, the undersigned, hereby certify that I am the: (Check one)

Author Other copyright claimant Owner of exclusive rights Authorized agent of **ATARI, INC.** (Name of author or other copyright claimant or owner of exclusive rights of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge)

Handwritten signature: (X) *Warren P. Kujawa*Typed or printed name: **Warren P. Kujawa**Date **7/2/81****10**

Certification (Application must be signed)

Warren P. Kujawa
TOWNSEND and TOWNSEND
One Market Plaza
Steuart St Steptower, 20th floor
San Francisco, Ca. 94105

**MAIL
CERTIFICATE
TO**

(Certificate will be mailed in window envelope)

11

Address For Return of Certificate

FORM VA
 UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
VAU	27-872	
VA	(initials)	
EFFECTIVE DATE OF REGISTRATION 04 AUG 1981		
(Money)	(Date)	(Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM VA/CON)

1	TITLE OF THIS WORK: ASTEROIDS DELUXE Printed-Circuit Board (Component Side) 036472-01 <small>Printed-Circuit Board</small>	NATURE OF THIS WORK: Technical Drawing
PUBLICATION AS A CONTRIBUTION: (If the work is reproduced as a contribution to a collective work, give information about the collective work in which the contribution appears.) Title of Collective Work		

2 Author(s)	IMPORTANT: Under the law, the author of a work made for hire, in general, is entitled, or not the copyright owner in certain types of works made for hire, to receive payment for his or her part in the work and to be identified as author of that part and leave his or her name on the work.		
	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "contribution to a collective work"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATES OF BIRTH AND DEATH Born _____ Died _____
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ <input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> Home & Foreign <input type="checkbox"/> None of Country _____		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Assignment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exclusive License <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If the answer is "No" to the question above, check one of the boxes below indicating what rights are retained by the author.</small>
	AUTHOR OF: (Briefly describe nature of the author's contribution) Technical Drawing		<small>If the answer is "Yes" to the question above, check one of the boxes below indicating what rights are retained by the author.</small>
1	NAME OF AUTHOR: Was this author's contribution to the work a "contribution to a collective work"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATES OF BIRTH AND DEATH Born _____ Died _____
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ <input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> Home & Foreign <input type="checkbox"/> None of Country _____		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Assignment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exclusive License <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If the answer is "No" to the question above, check one of the boxes below indicating what rights are retained by the author.</small>
	AUTHOR OF: (Briefly describe nature of the author's contribution)		<small>If the answer is "Yes" to the question above, check one of the boxes below indicating what rights are retained by the author.</small>
	NAME OF AUTHOR: Was this author's contribution to the work a "contribution to a collective work"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATES OF BIRTH AND DEATH Born _____ Died _____
2	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ <input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> Home & Foreign <input type="checkbox"/> None of Country _____		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Assignment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exclusive License <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If the answer is "No" to the question above, check one of the boxes below indicating what rights are retained by the author.</small>
	AUTHOR OF: (Briefly describe nature of the author's contribution)		<small>If the answer is "Yes" to the question above, check one of the boxes below indicating what rights are retained by the author.</small>
	NAME OF AUTHOR: Was this author's contribution to the work a "contribution to a collective work"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATES OF BIRTH AND DEATH Born _____ Died _____
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ <input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> Home & Foreign <input type="checkbox"/> None of Country _____		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Assignment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exclusive License <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If the answer is "No" to the question above, check one of the boxes below indicating what rights are retained by the author.</small>
3	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1980 <small>(This information must be given in a year)</small>		DATE AND NATION OF FIRST PUBLICATION: Date _____ Nation _____ <small>Copyright in this work is not claimed in foreign countries.</small>

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, CA 94085	
	TRANSFER: (If the copyright claimant(s) name is different from the author(s) name, indicate if you are a transferor and that the claimant(s) obtained ownership of the copyright.)	

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 8

DO NOT WRITE HERE
Page 1 of 2

VAU 27-872	EXAMINED BY <i>[initials]</i>	APPLICATION RECEIVED	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY <i>[initials]</i>	DEPOSIT RECEIVED <input type="checkbox"/> 100 04 AUG 1981	
	CORRESPONDENCE <input type="checkbox"/> 100	DEPOSIT ACCOUNT FUND USED <input checked="" type="checkbox"/>	
REMITTANCE NUMBER AND DATE			

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM VA/CON)

PREVIOUS REGISTRATION:		5 Previous Registration
<ul style="list-style-type: none"> • Has registration for this work, or for an earlier version of this work, already been made at the Copyright Office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • If your answer is "Yes," why is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form <input type="checkbox"/> This is the first application submitted by this author or copyright claimant <input type="checkbox"/> This is a changed version of the work as shown by line 6 of the application • If your answer is "Yes" give Previous Registration Number _____ Year of Registration _____ 		

COMPILETION OR DERIVATIVE WORK: (See instructions)		6 Compilation or Derivative Work
<p>PREEXISTING MATERIAL: (Identify any preexisting material, or state that this work is the original creation of the applicant.)</p> <p>MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)</p>		

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of account.) Name Atari, Inc./Coin-Op Engineering Account Number 0A055360	CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.) Name Andrea Dencker / Atari, Inc. Address P. O. Box 427 Sunnyvale, Calif. 94085	7 Fee and Correspondence
--	---	------------------------------------

CERTIFICATION: # I the undersigned hereby certify that I am the claimant <input type="checkbox"/> Author <input type="checkbox"/> Other copyright claimant <input type="checkbox"/> Assignee <input type="checkbox"/> Depositor <input checked="" type="checkbox"/> Correspondent of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.  Handwritten signature Andrea Dencker Printed name Andrea Dencker		8 Certification (Application must be signed)
---	--	---

Andrea Dencker / Atari, Inc. P. O. Box 427 <small>Number Street and Apartment Number</small> Sunnyvale, California 94086 <small>City State Zip Code</small>	MAIL CERTIFICATE TO <small>(Certificate will be mailed in window envelope)</small>	9 Address for return of Certificate
--	--	---

FORM PA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
PA	100-722	
PAU		
EFFECTIVE DATE (MM DD YYYY)		
01	15	1981

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM PA/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE	NATURE OF THIS WORK: audio-visual work
	PREVIOUS OR ALTERNATIVE TITLES: none	

2 Author(s)	IMPORTANT: Under the law, the author of a work made for hire is generally the employer, not the original creator, of the work. If this work was made for hire, check 'Yes' in the space at right and then provide information about the work and its creator(s). Author of that part and leave the space for others blank.		
	NAME OF AUTHOR: Atari, Inc. <small>With authority to substitute another author if necessary</small>	DATE OF BIRTH AND DEATH: X	
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of United States	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: X	
	AUTHOR OF: Briefly describe nature of this author's contribution: entire audio-visual work		
3 Creation and Publication	NAME OF AUTHOR: With authority to substitute another author if necessary	DATE OF BIRTH AND DEATH: X	
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of United States	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: X	
	AUTHOR OF: Briefly describe nature of this author's contribution: X		
	NAME OF AUTHOR: With authority to substitute another author if necessary	DATE OF BIRTH AND DEATH: X	
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of United States	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: X	
	AUTHOR OF: Briefly describe nature of this author's contribution: X		

3	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1980	DATE AND NATION OF FIRST PUBLICATION: August 8, 1980
		United States of America

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. 1265 Borregas Avenue Sunnyvale, CA 94086
	TRANSFER: If the copyright claimant(s) name above is not the original author(s), check one of the following boxes to indicate how the claimant(s) obtained ownership of the copyright.

- * I am the original author(s) and have transferred my copyright to the claimant(s).
- * I am the original author(s) and have not transferred my copyright to the claimant(s).
- * See the explanatory statement below.

DO NOT WRITE HERE
Page 1 of 2 pages

PA 100-722	EXAMINED BY. <i>R.W.</i>	APPLICATION RECEIVED MAY 15 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY		
	CORRESPONDENCE	DEPOSIT RECEIVED MAY 15 1981	
	<input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE	
DEPOSIT ACCOUNT FUND'S USED			

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM PA/CON)

PREVIOUS REGISTRATION:		5 Previous Registration
<ul style="list-style-type: none"> Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes XXX No If your answer is "Yes," why is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form <input type="checkbox"/> This is the first application submitted by this author as copyright claimant <input checked="" type="checkbox"/> This is a changed version of the work, as shown by line 6 of the application If your answer is "Yes," give Previous Registration Number PA71-701 Year of Registration 1980 		

COMPILE OR DERIVATIVE WORK: (See instructions)		6 Compilation or Derivative Work
PREEEXISTING MATERIAL (Identify any preexisting work or works that the work is based on or incorporates) <p>ASTEROIDS audio-visual work</p>		
MATERIAL ADDED TO THIS WORK (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed) <p>New symbols and event sounds added to basic work. Relocation of same symbols to different portions of image frame. Symbol choreography somewhat altered.</p>		

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account)	CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent)	7 Fee and Correspondence
Name Townsend and Townsend Account Number DA-013986	Name Warren P. Kujawa Address Townsend and Townsend Steuart Street Tower One Market Plaza San Francisco, CA 94105	

CERTIFICATION: * I, the undersigned, hereby certify that I am the (Check one) <ul style="list-style-type: none"> <input type="checkbox"/> Author <input type="checkbox"/> Other copyright claimant <input type="checkbox"/> Owner of exclusive rights <input checked="" type="checkbox"/> Co-owner of rights of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.		8 Certification (Application must be signed)
 Handwritten signature Charles S. Paul Typed or printed name Charles S. Paul	Date 5/5/81	

Warren P. Kujawa Townsend and Townsend Steuart Street Tower One Market Plaza San Francisco, CA 94105		9 Address For Return of Certificate <small>(Certificate will be mailed in window envelope)</small>
MAIL CERTIFICATE TO <small>(Certificate will be mailed in window envelope)</small>		

PREF VOKET

PREF VOKET PREF VOKET

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX

364-242

TXU

EFFECTIVE DATE OF REGISTRATION

13 NOV 1979

Month

Day

Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

TITLE OF THIS WORK: 1 Title ASTEROIDS Operation, Maintenance and Service Manual Complete with Illustrated Parts Catalog TM-143 If a periodical or serial give Vol. No. Issue Date		PREVIOUS OR ALTERNATIVE TITLES: None	
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work None Vol. No. Date Pages			

IMPORTANT: Under the law the author of a work made for hire is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		DATES OF BIRTH AND DEATH:	
		Born Died (Year) (Year)	
NAME OF AUTHOR: ATARI, INC. Was the author's contribution to the work a "work made for hire"? Yes X No		DATES OF BIRTH AND DEATH:	
1 AUTHOR'S NATIONALITY OR DOMICILE: Country of Birth _____ or _____ Domiciled in _____ Name of Country _____		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
		Anonymous? Yes No X Pseudonymous? Yes No X	If the answer to either of these questions is "Yes" see detailed instructions attached.
AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Text			
NAME OF AUTHOR: _____ Was the author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH:	
2 AUTHOR'S NATIONALITY OR DOMICILE: Country of Birth _____ or _____ Domiciled in _____ Name of Country _____		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
		Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes" see detailed instructions attached.	
AUTHOR OF: (Briefly describe nature of this author's contribution)			
NAME OF AUTHOR: _____ Was the author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH:	
3 AUTHOR'S NATIONALITY OR DOMICILE: Country of Birth _____ or _____ Domiciled in _____ Name of Country _____		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
		Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes" see detailed instructions attached.	
AUTHOR OF: (Briefly describe nature of this author's contribution)			

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: 3 Creation and Publication Year 1979 The above date is used for all claims		DATE AND NATION OF FIRST PUBLICATION: Date October 22, 1979 (Month) (Day) (Year) Nation U.S.A. Name of Country _____ (Complete this block ONLY if this work has been published)	
--	--	---	--

NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): 4 Claimant(s) Atari, Inc. P.O. Box 427 1265 Borregas Ave. Sunnyvale, Calif. 94086	
TRANSFER: (If the copyright claimants named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimed ownership of the copyright.) None	

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
TY	676-855	TXU
EFFECTIVE DATE OF REGISTRATION		
Author	Date	Year
<i>April 22, 1981</i>	<i>1981</i>	<i>(Year)</i>

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TX/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE Operation, Maintenance and Service Manual (TM-165) If a periodical or serial give: Vol. No. Issue Date.	PREVIOUS OR ALTERNATIVE TITLES:
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work. Vol. No. Date. Pages.		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in U.S.A. (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
	AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text and illustrations		
3 Creation and Publication	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
	AUTHOR OF: (Briefly describe nature of this author's contribution)		
4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, CA 94086		
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright)		

TX 676-855	EXAMINED BY: <i>1 PC</i>	APPLICATION RECEIVED 22 APR 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY: <i>YD</i>	DEPOSIT RECEIVED 22 APR 1981	
	CORRESPONDENCE <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE 22 APR 1981	
DEPOSIT ACCOUNT Funds Used <input checked="" type="checkbox"/>			

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No **XX**
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant
 - This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give Previous Registration Number **Year of Registration**



COMPILE OR DERIVATIVE WORK: (See instructions)

PREEEXISTING MATERIAL: Identify any preexisting work or works that this work is based on or incorporates.

{

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and what is purged or retained)

{



MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the user may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

Atari, Inc. (typeset, in-house)
Consolidated Publications, Inc. (printer)

PLACES OF MANUFACTURE

P. O. Box 427, Sunnyvale, CA 94086
1127 Sonora Ct., Sunnyvale, CA 94086



REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form or space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille or similar tactile symbols; or (2) phonorecords embodying a fixation of a reading, that works of (3) both.

 Copies and phonorecords Copies Only Phonorecords Only

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name **Atari, Inc./Coin-Op Engineering**
Account Number **DA055360**

CORRESPONDENCE: Give name and address to which correspondence about this application should be sent.

Name **Andrea Dencker / Atari, Inc.**
Address **P. O. Box 427**
Sunnyvale, CA 94086



CERTIFICATION: # I, the undersigned, hereby certify that I am the (Check one)

- Author Other copyright claimant Owner of exclusive rights Authorized agent of
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature (X)

Typed or printed name

Atari, Inc.
Andrea Dencker

... Andrea Dencker

Date **4/16/81**

Andrea Dencker / Atari, Inc.

(Name)

P. O. Box 427

(Number Street and Apartment Number)

Sunnyvale, California 94086

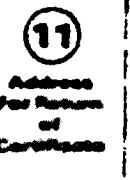
(City)

(State)

(ZIP code)

**MAIL
CERTIFICATE
TO**

(Certificate will
be mailed in
window envelope)



FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
TX	756-748	
TXU		
EFFECTIVE DATE OF REGISTRATION		
8	19	81
Month	Day	Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: "ASTEROIDS" I Computer Program (Coin-op)	PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial give: Vol No. Issue Date.....	
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.)		
Title of Collective Work: Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	NAME OF AUTHOR: ATARI, INC. Was this author's contribution to the work a "work made for hire"? Yes. <input checked="" type="checkbox"/> No	
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in U.S.A. (Name of Country) (Name of Country)	
	AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Computer Program	
		DATES OF BIRTH AND DEATH: Born ... Died ... (Year) (Year)
		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		If the answer to either of these questions is "Yes, see detailed instructions attached"
NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No		Born ... Died ... (Year) (Year)
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
AUTHOR OF: (Briefly describe nature of this author's contribution)		Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		If the answer to either of these questions is "Yes, see detailed instructions attached"
NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No		Born ... Died ... (Year) (Year)
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
AUTHOR OF: (Briefly describe nature of this author's contribution)		Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		If the answer to either of these questions is "Yes, see detailed instructions attached"

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1979..	DATE AND NATION OF FIRST PUBLICATION: Flag June 14, 1979 (Month) (Day) (Year) Nation U.S.A. (Name of Country)
	(This information must be given in all cases.)	
(Complete this block ONLY if this work has been published)		

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): ATARI, INC. 1265 Borregas Avenue Sunnyvale, California 94086	
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright)	

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 10

DO NOT WRITE HERE
Page 1 of 2 pages

TX 756-748	EXAMINED BY: <i>TM</i>	APPLICATION RECEIVED 19 AUG 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY: _____	DEPOSIT RECEIVED 19 AUG 1981	
	CORRESPONDENCE: <input type="checkbox"/> Yes	DEPOSIT ACCOUNT FUNDS USED <input checked="" type="checkbox"/>	
	REMITTANCE NUMBER AND DATE		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:		(5) Previous Registration
<ul style="list-style-type: none"> Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If your answer is "Yes," why is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form <input type="checkbox"/> This is the first application submitted by this author as copyright claimant. <input type="checkbox"/> This is a changed version of the work, as shown by line 6 of this application If your answer is "Yes," give Previous Registration Number ... 		

COMPILE OR DERIVATIVE WORK: (See instructions)		(6) Compilation or Derivative Work
PREEXISTING MATERIAL: Identify any preexisting work or works that this work is based on or incorporates: <i>N/A</i>		

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting predominantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)		(7) Manufacturing
NAME OF MANUFACTURERS <i>Atari, Inc.</i>	PLACES OF MANUFACTURE <i>United States of America</i>	

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)		(8) Licenses For Handicapped
<ul style="list-style-type: none"> Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols), or (2) phonorecords embodying a fixation of a reading of that work; or (3) both 		

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account)		(9) Fee and Correspondence
Name: TOWNSEND and TOWNSEND Account Number: DA-013986		

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)		(10) Certification (Application must be signed)
<input type="checkbox"/> author <input type="checkbox"/> other copyright claimant <input type="checkbox"/> owner of exclusive rights <input checked="" type="checkbox"/> representative agent of		

<small>Name of author or other copyright claimant or owner of exclusive rights or representative agent of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge</small>		(11) Address For Return of Certificate
 Handwritten signature (X) <i>Warren P. Kujawa</i> Typed or printed name Warren P. Kujawa		

* 17 U.S.C. § 506(e). Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
TX	756-749	
TXU		
EFFECTIVE DATE OF REGISTRATION		
8	19	81
Month	Day	Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: "ASTEROIDS" II Computer Program (Coin-op) If a periodical or serial, give (Coin-op) No. Issue Date.	PREVIOUS OR ALTERNATIVE TITLES:
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work. Vol. No. Date. Pages.	

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	NAME OF AUTHOR: ATARI, INC.	DATES OF BIRTH AND DEATH: Born _____ Died _____	
	Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in U.S.A. (Name of Country) (Name of Country)	If the answer to either of these questions is "Yes" see detailed instructions attached	
AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Computer Program -- See Space 6			
NAME OF AUTHOR:	DATES OF BIRTH AND DEATH: Born _____ Died _____		
Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>		
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	If the answer to either of these questions is "Yes" see detailed instructions attached		
AUTHOR OF: (Briefly describe nature of this author's contribution)			
NAME OF AUTHOR:	DATES OF BIRTH AND DEATH: Born _____ Died _____		
Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>		
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	If the answer to either of these questions is "Yes" see detailed instructions attached		
AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED:	DATE AND NATION OF FIRST PUBLICATION:
	Year. 1979 (This information must be given in all cases)	June 14, 1979 Native United States of America (Name of Country) (Complete this block ONLY if this work has been published)

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): ATARI, INC. 1265 Borregas Avenue Sunnyvale, California 94086	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

- * Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- * Follow detailed instructions attached
- * Sign the form in line 10

DO NOT WRITE HERE
Page 1 of 2 pages

TX 756-749	EXAMINED BY <i>JA</i>	APPLICATION RECEIVED 19 AUG 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY:		
	CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED 19 AUG 1981	
DEPOSIT ACCOUNT FUND'S USED: <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant
 - This is a changed version of the work, as shown by line 6 of this application
- If your answer is "Yes," give Previous Registration Number **Pending** Year of Registration **1981**

5

Previous Registration

COMPILED OR DERIVATIVE WORK: (See Instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates)

ASTEROIDS. I. Computer Program.**6**

Compilation or Derivative Work

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)

Additions, changes and revisions.**MANUFACTURERS AND LOCATIONS:** (If this is a published work consisting predominantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

ATARI, INC.

PLACES OF MANUFACTURE

United States of America**7**

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See Instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations presented by the regulations of the Copyright Office (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols), or (2) phonorecords embodying a fixation of a reading of that work or (3) both

 Copies and phonorecords Copies Only Phonorecords Only**8**

License For Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of account)Name: **TOWNSEND and TOWNSEND**
Account Number: **DA-013986****CORRESPONDENCE:** (Give name and address to which correspondence about this application should be sent)Name: **Warren P. Kujawa**
Address: **TOWNSEND and TOWNSEND**
One Market Plaza
Steuart Street Tower, 20th floor
San Francisco, CA 94105**9**

Fee and Correspondence

CERTIFICATION: # I, the undersigned, hereby certify that I am the: (Check one) Author Other copyright claimant Owner of exclusive rights Authorized agent

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge



Handwritten signature: (X)

Typed or printed name

Warren P. KujawaDate **7/2/81****10**Certification
(Application must be signed)

Warren P. Kujawa
TOWNSEND and TOWNSEND
One Market Plaza
Steuart Street Tower, 20th floor
San Francisco, CA 94105
(City)
(State)
(ZIP code)

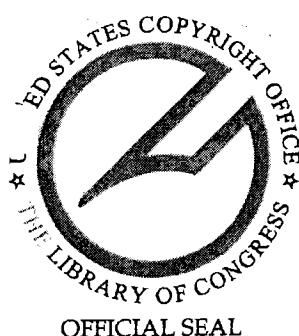
MAIL CERTIFICATE TO

(Certificate will be mailed in window envelope)

11

Address For Return of Certificate

EXHIBIT 5

CERTIFICATE OF REGISTRATION

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

REGISTER OF COPYRIGHTS
United States of America

FORM PA
For a Work of the Performing Arts
UNITED STATES COPYRIGHT OFFICE

PA 1-086-529



EFFECTIVE DATE OF REGISTRATION

2 15 02

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

1 Pong - The Next Level (MAC)

PREVIOUS OR ALTERNATIVE TITLES ▼

NATURE OF THIS WORK ▼ See instructions

Interactive Audio-Visual Work

NAME OF AUTHOR ▼

2 a Infogrames Interactive, Inc.

Was this contribution to the work a "work made for hire"?

Yes

No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ►

Domiciled in ► U.S.A.

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.

Anonymous? Yes No

Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

NAME OF AUTHOR ▼

b

Was this contribution to the work a "work made for hire"?

Yes

No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ►

Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.

Anonymous? Yes No

Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

c

Was this contribution to the work a "work made for hire"?

Yes

No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ►

Domiciled in ►

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.

Anonymous? Yes No

Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

This information must be given

2001

◀ Year in all cases

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information Month ► June Day ► 13 Year ► 2001

◀ Nation

ONLY if this work has been published.

U.S.A.

APPLICATION RECEIVED

FEB 15 2002 APR 04 2002

ONE DEPOSIT RECEIVED

FEB 15 2002

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

DO NOT WRITE HERE
OFFICE USE ONLY

See instructions
before completing
this space

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

MORE ON BACK ▶ Complete all applicable spaces (numbers 5-9) on the reverse side of this page
See detailed instructions

Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 2 pages

EXAMINED BY *[Signature]*

FORM PA

CHECKED BY *[Signature]*

CORRESPONDENCE
Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.**PREVIOUS REGISTRATION** Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼ If your answer is "no," go to space 7.

- a. This is the first published edition of a work previously registered in unpublished form.
- b. This is the first application submitted by this author as copyright claimant.
- c. This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give Previous Registration Number ▼

Year of Registration ▼

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work; complete only 6b for a compilation.

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

a 6

*contains some preexisting audiovisual - (arcade game)*See instructions
before completing
this space.**Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼*all other audiovisual material*

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼

Account Number ▼

a 7

Infogrames Interactive, Inc.

DA 071617

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼

b

Karen Moreau
Infogrames, Inc.
417 Fifth Avenue
New York, NY 10016

Area code and daytime telephone number ► (212) 726-6570

Fax number ► (212) 726-4214

Email ►

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ►

- { author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of Infogrames Interactive, Inc.

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Karen Moreau

Date ► 2/13/02

Handwritten signature (X) ▼

*Karen Moreau*

Certificate will be mailed in window envelope to this address:

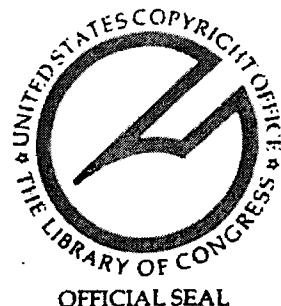
Name ▼
Karen Moreau - Infogrames, Inc.
Number/Street/Apt ▼
417 Fifth Avenue
City/State/Zip ▼
New York, NY 10016

YOU MUST
• Complete all necessary spaces
• Sign your application in space 8
SEND ALL ELEMENTS IN THE SAME PACKAGE
1. Application form
2. Nonrefundable filing fee in check or money order payable to Register of Copyrights
3. Deposit material
MAIL TO
Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-6000

9

As of July 1, 1998,
the filing fee for
Form PA is \$30.

EXHIBIT 6

CERTIFICATE OF REGISTRATION

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

REGISTER OF COPYRIGHTS
United States of America

FORM PA
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

PA 610 718

PA PAU

EFFECTIVE DATE OF REGISTRATION

FFR 06.1987

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

1 BREAKOUT

PREVIOUS OR ALTERNATIVE TITLES ▼

NATURE OF THIS WORK ▼ See instructions

Audiovisual Work

2 NAME OF AUTHOR ▼

a Atari, Inc.

Was this contribution to the work a "work made for hire"?

Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR Citizen of ► United States
Domiciled in ► United States

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No
Pseudonymous? Yes No
If the answer to either of these questions is "Yes" see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Entire Audiovisual Work

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

b

Was this contribution to the work a "work made for hire"?

Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR Citizen of ► _____
Domiciled in ► _____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No
Pseudonymous? Yes No
If the answer to either of these questions is "Yes" see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

c NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

c

Was this contribution to the work a "work made for hire"?

Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR Citizen of ► _____
Domiciled in ► _____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No
Pseudonymous? Yes No
If the answer to either of these questions is "Yes" see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

3 YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases.
1975 ▲ Year

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
Complete this information Month ► May Day ► 15* Year ► 1976
ONLY if this work has been published. United States ▲ Nation

4 COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.▼

Atari Games Corporation
675 Sycamore, P.O. Box 361110
Milpitas, California 95035

APPLICATION RECEIVED

FFR 06.1987

ONE DEPOSIT RECEIVED

FFR 06.1987

TWO DEPOSITS RECEIVED

DO NOT WRITE HERE
OFFICE USE ONLY

REMITTANCE NUMBER AND DATE

PA 610 716

*Information added by C.O. authority Sidney Katz in phone call of 5/12/93.

EXAMINED BY *JV*

FORM PA

CHECKED BY

 CORRESPONDENCE
Yes

 DEPOSIT ACCOUNT
Funds Used
FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?
 Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

 This is the first published edition of a work previously registered in unpublished form.

 This is the first application submitted by this author as copyright claimant.

 This is a changed version of the work, as shown by space 6 on this application.

your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.**Preexisting Material** Identify any preexisting work or works that this work is based on or incorporates. ▼

6

See instructions
before completing
this space.6. **Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼**DEPOSIT ACCOUNT** If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
Name ▼ Account Number ▼

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

A. Sidney Katz

Welsh & Katz, Ltd.

135 South LaSalle Street, Suite 1625

Chicago, Illinois 60603

Area Code & Telephone Number ▶ (312) 781-9470

Be sure to
give your
daytime phone
number.

8

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ▼

 author

 other copyright claimant

 owner of exclusive right(s)

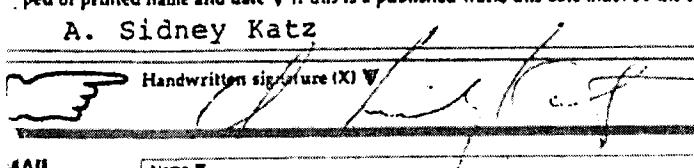
 authorized agent of Atari Games Corporation

(Name of author or other copyright claimant, or owner of exclusive right(s)) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

, printed or typed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

A. Sidney Katz

date ▶ *5/17/87*

Handwritten signature (X) ▼
MAIL
CERTIFI-
CATE TO

Name ▼	A. Sidney Katz Welsh & Katz, Ltd.
Number, Street, Apartment Number ▼	135 South LaSalle Street, Suite 1625
City, State, ZIP ▼	Chicago, Illinois 60603

Certificate
will be
mailed in
window
envelope

- Have you:
- Completed all necessary spaces?
 - Signed your application in space 8?
 - Enclosed check or money order for \$10 payable to Register of Copyrights?
 - Enclosed your deposit material with the application and fee?
 - Mailed to: Register of Copyrights
Library of Congress, Washington
D.C. 20559.

9

FORM PA
 UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

PA

175-216

PA

PAU

EFFECTIVE DATE OF REGISTRATION

JUN 9 83
MAY JUN JUL

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

Breakout

1

PREVIOUS OR ALTERNATIVE TITLES ▼**NATURE OF THIS WORK ▼**

Audiovisual work

NAME OF AUTHOR ▼

a Atari, Inc.

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

2

NOTE**NATURE OF AUTHORSHIP**

Briefly describe nature of the material created by this author in which copyright is claimed ▼

Entire work - See space 6

NAME OF AUTHOR ▼

b

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed ▼

NAME OF AUTHOR ▼

c

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed ▼

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED1978 Year must be given in all cases.**DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK**

November 9 1978

U.S.A.

3

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼Atari, Inc.
1265 Borregas Avenue
Sunnyvale, California 94086**TRANSFER** If the claimant(s) named here in space 4 are different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

APPLICATION RECEIVED

24 JUN 1983 9 JUN 1983

DEPOSIT RECEIVED

9 JUN 1983 *

FEE RECEIVED

2508-1 U. S. Special

REGISTRATION NUMBER AND DATE

MORE ON BACK ▶ • Fill in and sign the back of Form 5-9 on the reverse side of this form.
• Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 1 Pages

y. Special relief granted under
202.20 (d) of the C.O. Reg."

PA 175-216

SEARCHED [initials]
INDEXED [initials]

MAILED [initials]

<input checked="" type="checkbox"/>	SEARCHED
<input type="checkbox"/>	INDEXED



DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the U.S. Copyright Office?

- Yes No If your answer is "Yes," who is another registration being sought? Check appropriate box. **5**
- This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant
 - This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes," give Previous Registration Number ▼ Year of Registration ▼

DERIVATIVE WORK OR COMPILED Complete both spaces 6 & 7b for a derivative work, even if it is not published.

- a. Preexisting Material Identify any preexisting work or works that this work is based on or uses separately. **6**

Arcade versions of Breakout (pub. 1976) and Super Breakout (pub. 1978).

- b. Material Added to This Work Give a brief general statement of the material that has been added to the work to create the derivative work. **7**

New sounds in audiovisual work and new artwork and text on package and instructions.

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established at the Copyright Office, check here. **7**

Name ▼ Account Number ▼

CORRESPONDENCE Give name and address to which correspondence about this application should be sent.

Brylawski & Cleary
224 East Capitol Street
Washington, D.C. 20003
Attn: Edwin Komen

SEARCHED & INDEXED [initials] ▶

(202) 547-1331

CERTIFICATION* I the undersigned, hereby certify that I am the

Check only one ▼ **8**

- author
- other copyright claimant
- owner of exclusive rights

authorized agent of Atari, Inc.

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication.

Edwin Komen

June 23, 1983

Date

Handwritten signature (X) ▼

Edwin Komen

MAIL
CERTIFI-
CATE TO

Brylawski & Cleary

Certificate
will be
mailed in
window
envelope

224 East Capitol Street

Washington, D.C. 20003

NAME

ADDRESS

CITY

STATE

ZIP

*17 USC 150(e). Any person who knowingly makes a false representation of a fact in a registration application, or connection with the application, shall be fined not more than \$2,500.

5

6

7

8

9

FORM PA
UNITED STATES COPYRIGHT OFFICE
REGISTRATION NUMBER

PA 610 716

PA

PAU

EFFECTIVE DATE OF REGISTRATION

FEB. 06, 1987

Month

Day

Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

1 BREAKOUT

PREVIOUS OR ALTERNATIVE TITLES ▼

NATURE OF THIS WORK ▼ See instructions

Audiovisual Work

2 NAME OF AUTHOR ▼

a Atari Inc.

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

 Yes No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ▶

Domiciled in ▶ United States

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions.
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Entire Audiovisual Work

b NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

 Yes No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions.
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

c NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

 Yes No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions.
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

3 YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases.
1975 ▶ YearDATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
Complete this information Month ▶ May Day ▶ 15* Year ▶ 1976
ONLY if this work has been published. United States

4 COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.▼

Atari Games Corporation
675 Sycamore, P.O. Box 361110
Milpitas, California 95035

See instructions before completing this space.

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.▼

Assignment

DO NOT WRITE HERE

APPLICATION RECEIVED

FEB. 06, 1987

ONE DEPOSIT RECEIVED

FEB. 06, 1987

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE

MORE ON BACK ► • Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
• See detailed instructions.
• Sign the form at line 8.

DO NOT WRITE HERE

Page 1 of 2 pages

PA 610 716

*Information added by C.O. authority Sidney Katz in phone call of 5/12/93.

EXAMINED BY JV

FORM PA

CHECKED BY

 CORRESPONDENCE

Yes

 DEPOSIT ACCOUNT
 FUNDS USEDFOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

- No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼
 This is the first published edition of a work previously registered in unpublished form.
 This is the first application submitted by this author as copyright claimant.
 This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

5

DERIVATIVE WORK OR COMPILED Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

- a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

See instructions
before completing
this space.

6

- b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
Name ▼

Account Number ▼

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

A. Sidney Katz

Welsh & Katz, Ltd.

135 South LaSalle Street, Suite 1625
Chicago, Illinois 60603Be sure to
give your
daytime phone
number

Area Code & Telephone Number ► (312) 781-9470

8

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ▼

- author
 other copyright claimant
 owner of exclusive right(s)

 authorized agent of Atari Games Corporation

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

A. Sidney Katz

date ► 3/5/87



Handwritten signature (X) ▼

MAIL
CERTIFI-
CATE TOCertificate
will be
mailed in
window
envelope

Name ▼	A. Sidney Katz Welsh & Katz, Ltd.
Number/Street/Apartment Number ▼	135 South LaSalle Street, Suite 1625
City/State/ZIP ▼	Chicago, Illinois 60603

- Have you:
 Completed all necessary
spaces?
 Signed your application in space
8?
 Enclosed check or money order
for \$10 payable to Register of
Copyrights?
 Enclosed your deposit material
with the application and fee?
MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559.

9

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

★ U.S. GOVERNMENT PRINTING OFFICE: 1981: 355-306

FORM VA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
VA	15-994	VAU
EFFECTIVE DATE OF REGISTRATION 27 OCT 1978		
Month	Day	Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM VA/CON)

1 Title	TITLE OF THIS WORK: PRINTED CARTON, BREAKOUT, VIDEO COMPUTER SYSTEM GAME PROGRAM (No. C011822-22). <small>Previous or Alternative Titles:</small>	NATURE OF THIS WORK: (See instructions) ACRYLIC PAINTING ON FOLDING CARTON
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.)		
Title of Collective Work: Vol. No. Date. Pages.		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee's (see instructions). If any part of the work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	NAME OF AUTHOR: ATARI INC. <small>Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	DATES OF BIRTH AND DEATH Born Died (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A. } or { Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>If the answer to either of these questions is "Yes," see detailed instructions attached.</small>
	AUTHOR OF: (Briefly describe nature of this author's contribution) PAINTING AND PACKAGE DESIGN	
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH Born Died (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>If the answer to either of these questions is "Yes," see detailed instructions attached.</small>
	AUTHOR OF: (Briefly describe nature of this author's contribution)	
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH Born Died (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>If the answer to either of these questions is "Yes," see detailed instructions attached.</small>
	AUTHOR OF: (Briefly describe nature of this author's contribution)	

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1978 <small>(This information must be given in all cases)</small>	DATE AND NATION OF FIRST PUBLICATION: Date JANUARY 2, 1978 (Month) (Day) (Year) Nation U.S.A. (Name of Country) <small>(Complete this block ONLY if this work has been published)</small>
--------------------------------------	--	---

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): ATARI INC. P.O. BOX 9027, 1272 BORREGAS AVE. SUNNYVALE, CA 90486
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)	
NONE	

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 1 pages

VA 15-994	EXAMINED BY: <i>[Signature]</i>	APPLICATION RECEIVED: <i>OCT 27 1978 DEC 22 1978</i>	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED: <i>OCT 27 1978</i>	
	DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>	REMITTANCE NUMBER AND DATE: 29073 OCT 27 78	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM VA/CON)

PREVIOUS REGISTRATION: <ul style="list-style-type: none"> Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X If your answer is "Yes," why is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form. <input type="checkbox"/> This is the first application submitted by this author as copyright claimant. <input type="checkbox"/> This is a changed version of the work, as shown by line 6 of the application. If your answer is "Yes," give Previous Registration Number... Year of Registration... 	5 Previous Registra- tion
---	---

COMPILED OR DERIVATIVE WORK: (See instructions) <p>PREEEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)</p> <p style="text-align: center;">N/A</p> <p>MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copy rights claimed.)</p> <p style="text-align: center;">N/A</p>	6 Compilation or Derivative Work
--	---

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.) <p>Name: NONE</p> <p>Account Number:</p>	CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.) <p>Name: WILLIAM HAMBLIN c/o ATARI INC.</p> <p>Address: P.O. BOX 9027, 1272 BORREGAS AVE., (Attn)</p> <p style="text-align: right;">SUNNYVAL, CALIF. 94086 (ZIP)</p>	7 Fee and Correspond- ence
---	---	--

CERTIFICATION: I, the undersigned, hereby certify that I am the: (Check one) <p><input checked="" type="checkbox"/> Author <input type="checkbox"/> Co-owner <input type="checkbox"/> Copyright claimant <input type="checkbox"/> Owner of exclusive right(s) <input type="checkbox"/> Authorized agent of <input type="checkbox"/> (Name of claimant or other copyright claimant, or owner of exclusive right(s)) of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.</p> <p>Handwritten signature:  Expected or printed name: WILLIAM HAMBLIN</p>		8 Certification (Application must be signed)
---	--	---

WILLIAM HAMBLIN c/o ATARI INC. P. O. BOX 9027, 1272 BORREGAS AVE. <small>(Number Street and Apartment Number)</small> SUNNYVALE, CALIF. 94086 <small>(City) (State) (ZIP Code)</small>		MAIL CERTIFICATE TO 26 JAN 1979 <small>(Certificate will be mailed in window envelope)</small>	9 Address For Return of Certificate
---	--	--	--

* U.S. GOVERNMENT PRINTING OFFICE: 1977 G-248-638
 * PREPRINTED FORMS. All persons shall be liable to prosecution for the making of a false statement of a material fact in the application for copyright registration prior to the date of filing, and for the making of a false statement of a material fact in connection with the registration after the date of filing, if such statement shall be filed not more than 12 months after the date of filing.

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
TX	58-926	
TXU		
EFFECTIVE DATE OF REGISTRATION		
6	29	78
Month	Day	Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1	TITLE OF THIS WORK: BREAKOUT GAME PROGRAM INSTRUCTIONS, Model CX2622	PREVIOUS OR ALTERNATIVE TITLES:
TIME	If a periodical or serial give Vol. No. Issue Date	
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared)		
	Vol. No. Date	Pages.....

IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire," check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.

2
Author(s)

NAME OF AUTHOR: Atari Inc.	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
Was this author's contribution to the work a "work made for hire"? Yes No	
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes X No If the answer to either of these questions is "Yes, see detailed instructions attached."
AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Text	
NAME OF AUTHOR:	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
Was this author's contribution to the work a "work made for hire"? Yes No	
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes, see detailed instructions attached."
AUTHOR OF: (Briefly describe nature of this author's contribution)	
NAME OF AUTHOR:	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
Was this author's contribution to the work a "work made for hire"? Yes No	
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes, see detailed instructions attached."
AUTHOR OF: (Briefly describe nature of this author's contribution)	

3	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1978 (This information must be given in all cases.)	DATE AND NATION OF FIRST PUBLICATION: Date June 26, 1978 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published.)
----------	--	---

Copyright
and
Publication

4	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari Inc. 155 Moffett Pk. Dr., Suite 108 Sunnyvale, Calif. 94086
TRANSFER: If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the copyright ownership of the copyright is transferred.	

- Complete all sections (except numbers 5-11) on the reverse side of this page
- Fill out stamp and sign the attached
- Sign the form in ink

DO NOT WRITE HERE

Page 1 of ... pages

TX 58-926	EXAMINED BY: <i>[Signature]</i>	APPLICATION RECEIVED JUN 2 1978	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY: ..	DEPOSIT RECEIVED JUN 2 1978	
	CORRESPONDENCE: <input type="checkbox"/> Yes	DEPOSIT ACCOUNT FUND'S USED <input type="checkbox"/>	
	REMITTANCE NUMBER AND DATE 244316 JUN 29 78		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form.
 - This is the first application submitted by this author as copyright claimant.
 - This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give Previous Registration Number Year of Registration

5

Previous Registration

COMPILE OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)

N/A

6

Compilation or Derivative Work

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)

N/A

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See Instructions for details.)

NAMES OF MANUFACTURERS

Printer: California Printing
Typeset: Atari Inc.

PLACES OF MANUFACTURE

San Francisco, Calif.
Sunnyvale, Calif.

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fraction of a reading of that work; or (3) both.

8

License For Handicapped

a Copies and phonorecordsb Copies Onlyc Phonorecords Only

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name:
Account Number:

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name: Stephen R. Harding c/o Atari Inc.
Address: 155 Moffett Pk. Dr., Suite 108
(Adr)
Sunnyvale, Calif. 94086
(Cty) (State) (Zip)

9

Fee and Correspondence

CERTIFICATION: # I, the undersigned, hereby certify that I am the: (Check one)

Author Other copyright claimant Owner of exclusive right(s) Unauthorized agent of: ATARI INC.
(Name of author or other copyright claimant or owner of exclusive right(s))
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature: (X)

Typed or printed name: Stephen R. Harding

Date June 26, 1978

10Certification
(Application must be signed)

Stephen R. Harding c/o Atari Inc.
(Name)

155 Moffett Pk. Dr., Suite 108
(Number, Street and Apartment Number)
Sunnyvale Calif. 94086
(City) (State) (ZIP code)

**MAIL
CERTIFICATE
TO**

4 L. b ..

(Certificate will
be mailed in
window envelope)**11**Address
For Return
of Certificate

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

Page 1

**Application
for Registration of a Claim to Copyright
in a published book manufactured in
the United States of America**

Instructions: Make sure that all applicable spaces have been completed before you submit the form. The application must be **SIGNED** at line 10 and the **AFFIDAVIT** (line 11) must be **COMPLETED AND NOTARIZED**. The application should not be submitted until after the date of publication given in line 4, and should state the facts which existed on that date. For further information, see page 4.

FORM A	
REGISTRATION NO.	
A 752133	
DO NOT WRITE HERE	

CLASS
A

Pages 1 and 2 should be typewritten or printed with pen and ink. Pages 3 and 4 should contain exactly the same information as pages 1 and 2, but may be carbon copies. Mail all pages of the application to the Register of Copyrights, Library of Congress, Washington, D.C. 20539, together with 2 copies of the best edition of the work and the registration fee of \$6. Make your remittance payable to the Register of Copyrights.

1. Copyright Claimant(s) and Address(es): Give the name(s) and address(es) of the copyright owner(s). Ordinarily the name(s) should be the same as in the notice of copyright on the copies deposited.

Name Atari, Inc.

Address 14600 Winchester Boulevard, Los Gatos, CA 95030

Name _____

Address _____

2. Title: "Breakout" Operation-Maintenance-Service Manual

(Give the title of the book as it appears on the title page)

(Atari # TM-058)

3. Authors: Citizenship and domicile information must be given. Where a work was made for hire, the employer is the author. The citizenship of organizations formed under U.S. Federal or State law should be stated as U.S.A. Authors may be editors, compilers,

translators, illustrators, etc., as well as authors of original text. If the copyright claim is based on new matter (see line 5) give requested information about the author of the new matter.

Name Atari, Inc. (Give legal name followed by pseudonym if latter appears on the copies) Citizenship U.S.A. (Name of country)

Domiciled in U.S.A. Yes XX No Address 14600 Winchester Blvd., Los Gatos, CA 95030

Name (Give legal name followed by pseudonym if latter appears on the copies) Citizenship (Name of country)

Domiciled in U.S.A. Yes No Address

Name (Give legal name followed by pseudonym if latter appears on the copies) Citizenship (Name of country)

Domiciled in U.S.A. Yes No Address

4. Date of Publication of This Edition: Give the complete date when copies of this particular edition were first placed on sale, sold, or publicly distributed. The date when copies were made or

printed should not be confused with the date of publication. **NOTE:** The full date (month, day, and year) must be given. For further information, see page 4.

May 27 1976
(Month) (Day) (Year)

➡ (NOTE: Leave line 5 blank unless the following instructions apply to this work.) ➡

5. New Matter in This Version: If any substantial part of this work has been previously published anywhere, give a brief, general statement of the nature of the new matter published for the first

time in this version. New matter may consist of compilation, translation, abridgment, editorial revision, and the like, as well as additional text or pictorial matter.

➡ (NOTE: Leave line 6 blank unless there has been a PREVIOUS FOREIGN EDITION in the English language.) ➡

6. Book in English Previously Manufactured and Published Abroad: If all or a substantial part of the text of this edition was previously manufactured and published abroad in the English language, complete the following spaces:

Date of first publication of foreign edition
(Year)

Was registration for the foreign edition made in the U.S. Copyright Office? Yes No

If your answer is "Yes," give registration number

Complete all applicable spaces on next page

EXAMINER
<i>[Signature]</i>

7. If registration fee is to be charged to a deposit account established in the Copyright Office, give name of account:
NONE

8. Name and address of person or organization to whom correspondence or refund, if any, should be sent:
Name Andrea Dencker / Atari, Inc. Address 477 Division St., Campbell, CA 95008

9. Send certificate to:

(Type or
print Name
name and
address) Address

Andrea Dencker / Atari, Inc.

477 Division Street

(Number and street)

Campbell
(City)

CA
(State)

95008
(ZIP code)

10. Certification: (NOTE: Application not acceptable unless signed)

I CERTIFY that the statements made by me in this application are correct to the best of my knowledge.

(Signature of copyright claimant or duly authorized agent)

11. Affidavit (required by law). Instructions: (1) Fill in the blank spaces with special attention to those marked "(X)." (2) Sign and seal the affidavit and fill in the date of execution.

NOTE: The affidavit must be signed and notarized only on or after the date of publication or completion of printing which it states.
The affidavit must be signed by an individual.

STATE OF California

COUNTY OF Santa Clara

I, the undersigned, depose and say that I am the
 Person claiming copyright in the book described in this
application;
 Duly authorized agent of the person or organization claiming
copyright in the book described in this application;
 Printer of the book described in this application.

That the book was published or the printing was completed on: (X) May 27, 1976
(Give month, day, and year)

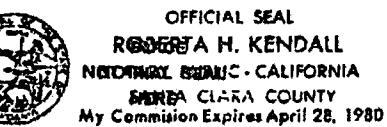
That, of the various processes employed in the production of the copies deposited, the setting of the type was performed within the limits of the United States or the making of the plates was performed within the limits of the United States from type set therein; or and that the printing of the text and the binding (if any) were also performed within the limits of the United States. That such typesetting, platemaking, lithographic or photoengraving process, printing, and binding were performed by the following establishments or individuals at the following addresses:

(GIVE THE NAMES AND ADDRESSES OF THE PERSONS OR ORGANIZATIONS WHO PERFORMED SUCH TYPESETTING
OR PLATEMAKING OR LITHOGRAPHIC PROCESS OR PHOTOENGRAVING PROCESS OR PRINTING AND BINDING, ETC.)

Typesetting: The Bookmakers, Inc. Addresses (X) 1928-A Old Middlefield Way,

Mountain View, CA 94043

Printing: Printing Express Addresses (X) 3032 Coronado Drive, Santa Clara, CA 95051



(Sign and notarize only on or after date given above)

Subscribed and sworn to before me this 27 day of June, 1976

(Signature of notary)

FOR COPYRIGHT OFFICE USE ONLY

Application and affidavit received

JUN 11 1976

Two copies received

JUN 11 1976

Fee received

24742 JUN 11 1976

Renewal

FORM PA
 UNITED STATES COPYRIGHT OFFICE
 REGISTRATION NUMBER

PA 662-697



EFFECTIVE DATE OF REGISTRATION

Oct. 7, 1988

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼**SUPER BREAKOUT****PREVIOUS OR ALTERNATIVE TITLES ▼****NATURE OF THIS WORK ▼** See instructions**Audiovisual work****NAME OF AUTHOR ▼****a** Atari, Inc.

Was this contribution to the work a "work made for hire"?

 Yes No**AUTHOR'S NATIONALITY OR DOMICILE**

Name of Country

OR { Citizen of ►

Domiciled in ► U.S.A.

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire":

a	Atari, Inc.	Was this contribution to the work a "work made for hire"?	AUTHOR'S NATIONALITY OR DOMICILE	Name of Country	OR { Citizen of ►	Domiciled in ► U.S.A.	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK		
							Anonymous?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b		Was this contribution to the work a "work made for hire"?	AUTHOR'S NATIONALITY OR DOMICILE	Name of Country	OR { Citizen of ►	Domiciled in ►	Anonymous?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Entire Audiovisual Work - See space 6.

NAME OF AUTHOR ▼**DATES OF BIRTH AND DEATH**

Year Born ▼

Year Died ▼

Was this contribution to the work a "work made for hire"?

 Yes No**AUTHOR'S NATIONALITY OR DOMICILE**

Name of Country

OR { Citizen of ►

Domiciled in ►

b		Was this contribution to the work a "work made for hire"?	AUTHOR'S NATIONALITY OR DOMICILE	Name of Country	OR { Citizen of ►	Domiciled in ►	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK		
							Anonymous?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c		Was this contribution to the work a "work made for hire"?	AUTHOR'S NATIONALITY OR DOMICILE	Name of Country	OR { Citizen of ►	Domiciled in ►	Anonymous?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼**NAME OF AUTHOR ▼****DATES OF BIRTH AND DEATH**

Year Born ▼

Year Died ▼

Was this contribution to the work a "work made for hire"?

 Yes No**AUTHOR'S NATIONALITY OR DOMICILE**

Name of Country

OR { Citizen of ►

Domiciled in ►

c		Was this contribution to the work a "work made for hire"?	AUTHOR'S NATIONALITY OR DOMICILE	Name of Country	OR { Citizen of ►	Domiciled in ►	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK		
							Anonymous?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d		Was this contribution to the work a "work made for hire"?	AUTHOR'S NATIONALITY OR DOMICILE	Name of Country	OR { Citizen of ►	Domiciled in ►	Anonymous?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼**YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED** This information must be given in all cases.

1978

◀ Year

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information Month ► June Day ► 15* Year ► 1978 Nation

ONLY if this work

has been published.

United States

4	COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.▼	Atari Games Corporation 675 Sycamore, P.O. Box 361110 Milpitas, California 95035	APPLICATION RECEIVED OCT 07 1988	DO NOT WRITE HERE	
				ONE DEPOSIT RECEIVED	
	TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.▼	TWO DEPOSITS RECEIVED	DO NOT WRITE HERE		
			REMITTANCE NUMBER AND DATE		

Assignment**MORE ON BACK ►** • Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
• See detailed instructions.

* Sign the form at line 8.

DO NOT WRITE HERE

Page 1 of 2 pages

*Added by C.O. authority A. Sidney Katz
in phone call.

EXAMINED BY

JV

FORM P

CHECKED BY

 CORRESPONDENCE

Yes

 DEPOSIT ACCOUNT
FUND USEDFOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

- Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼
 This is the first published edition of a work previously registered in unpublished form.
 This is the first application submitted by this author as copyright claimant.
 This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

DERIVATIVE WORK OR COMPILED Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

- a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼
 Arcade version of Breakout (pub. 1976.)

See instruction
before completing
this space.

- b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼
 New sounds and images in audiovisual work.

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼

Account Number ▼

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Appt/City/State/Zip ▼

A. Sidney Katz
Welsh & Katz
135 S. LaSalle Street, Suite 1625
Chicago, IL 60603

Area Code & Telephone Number ► (312) 781-9470

Be sure to
give your
daytime phone
number.

8

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ▼

- author
 other copyright claimant
 owner of exclusive right(s)

authorized agent of Atari Games Corporation

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 6.

A. Sidney Katz

date: 10/14/81



Handwritten signature (X) ▼

MAIL
CERTIFI-
CATE TOCertificate
will be
mailed in
window
envelope

Name ▼	A. Sidney Katz, Welsh & Katz, Ltd.
Number/Street/Apartment Number ▼	135 S. LaSalle Street, Suite 1625
City/State/ZIP ▼	Chicago, Illinois 60603

Have you:

- Completed all necessary spaces?
- Signed your application in space 8?
- Enclosed check or money order for \$10 payable to Register of Copyrights?
- Enclosed your deposit material with the application and fee?

MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559.

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

9

FORM PA
 UNITED STATES COPYRIGHT OFFICE
 REGISTRATION NUMBER

PA 175-215

 PA PAU
 EFFECTIVE DATE OF REGISTRATION
 JUN 9 83
 Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

Super Breakout

PREVIOUS OR ALTERNATIVE TITLES ▼**NATURE OF THIS WORK ▼ See instructions**

Audiovisual work

2 NAME OF AUTHOR ▼**a**

Atari, Inc.

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

 Yes No**AUTHOR'S NATIONALITY OR DOMICILE**

Name of Country

Citizen of ►

Domiciled in ► U.S.A.

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous?

 Yes No

Pseudonymous?

 Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

NOTE

Under the law the "author" of a work made for hire is generally the employer not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼
 Entire work - See space 6
b NAME OF AUTHOR ▼**b**

Was this contribution to the work a "work made for hire"?

 Yes No**AUTHOR'S NATIONALITY OR DOMICILE**

Name of country

Citizen of ►

Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous?

 Yes No

Pseudonymous?

 Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼
c

Was this contribution to the work a "work made for hire"?

 Yes No**AUTHOR'S NATIONALITY OR DOMICILE**

Name of Country

Citizen of ►

Domiciled in ►

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼
NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼
3**YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED**

1981

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Month ► January Day ► 8 Year ► 1982 *

U.S.A.

► Nation

4
COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Atari, Inc.

1265 Borregas Avenue

Sunnyvale, California 94086

APPLICATION RECEIVED
 24 JUN 1983 9 JUN 1983

 See instructions
 before completing
 this space

ONE DEPOSIT RECEIVED
 9 JUN 1983 *

TWO DEPOSITS RECEIVED
 *

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

REMITTANCE NUMBER AND DATE
 230851 U.B. Special

MORE ON BACK ► • Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
 • See detailed instructions.
 • Sign the form at line 8.

DO NOT WRITE HERE

* Special relief granted under
202-20 (d) of the C.D. Reg.

**In notice on label: "1978."
**In notice on package and instructions:
"1981."

PA

175-215

EXAMINED BY

CHECKED BY

FORM PA

 CORRESPONDENCE
Yes

 DEPOSIT ACCOUNT
Funds Used
FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?
 Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

This is the first published edition of a work previously registered in unpublished form.

This is the first application submitted by this author as copyright claimant.

This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Pending

Year of Registration ▼

1983

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

Audiovisual work entitled Breakout published in 1978. Arcade versions of Breakout (pub. 1976) and Super Breakout (pub. 1978).

See instructions
before completing
this space.

b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

New sounds in audiovisual work and new artwork and text on package and instructions.

6

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account Name ▼

Account Number ▼

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apartment/City/State/Zip ▼

Brylawski & Cleary
224 East Capitol Street
Washington, D.C. 20003
Attn: Edwin Komen

Be sure to
give your
daytime phone
number.

Area Code & Telephone Number ▶

(202) 547-1331

8

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ▼

author

other copyright claimant

owner of exclusive right(s)

authorized agent of Atari, Inc.

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

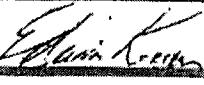
Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

Edwin Komen

date ▶ June 23, 1983

8

Handwritten signature (X) ▼



MAIL
CERTIFI-
CATE TO

Certificate
will be
mailed in
window
envelope

Name ▼	Brylawski & Cleary
Number/Street/Apartment Number ▼	224 East Capitol Street
City/State/ZIP ▼	Washington, D.C. 20003

- Have you:
- Completed all necessary spaces?
 - Signed your application in space 8?
 - Enclosed check or money order for \$10 payable to Register of Copyrights?
 - Enclosed your deposit material with the application and fee?
- MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559.

9

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER		
TX	180-834 TXU	
EFFECTIVE DATE OF REGISTRATION		
Month	Day	Year
22 JAN 1979		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1	TITLE OF THIS WORK: SUPER BREAKOUT Operation, Maintenance and Service Manual Complete with Illustrated Parts Catalog <small>If a periodical or serial give: Vol. No. Issue Date</small>	PREVIOUS OR ALTERNATIVE TITLES: TM-118 <small>NONE</small>
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared) <small>Title of Collective Work: Vol. No. Date Pages.....</small>		

2	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
Author(s)	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A. } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonymous? Yes No <input type="checkbox"/> <small>If the answer to either of these questions is "Yes, see detailed instructions attached."</small>
	AUTHOR OF: (Briefly describe nature of this author's contribution)	
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes ... No	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No <small>If the answer to either of these questions is "Yes, see detailed instructions attached."</small>
	AUTHOR OF: (Briefly describe nature of this author's contribution)	
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No <small>If the answer to either of these questions is "Yes, see detailed instructions attached."</small>
	AUTHOR OF: (Briefly describe nature of this author's contribution)	

3	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year ... 1978 <small>(This information must be given in all cases.)</small>	DATE AND NATION OF FIRST PUBLICATION: Date September 9 1978 (Month) (Day) (Year) Nation U.S.A. (Name of Country) <small>(Complete this block ONLY if this work has been published.)</small>
---	---	---

4	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P.O. Box 9027 1272 Borregas Ave. Sunnyvale, California 94086	
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright)		
 NONE		

- * Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- * Follow detailed instructions attached
- * Sign the form at line 10

DO NOT WRITE HERE

Page 1 of 5 pages

TX 180-834	EXAMINED BY <i>[Signature]</i>	APPLICATION RECEIVED JAN 22 75	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY <i>[Signature]</i>	DEPOSIT RECEIVED JAN 22 75	
	CORRESPONDENCE: <input type="checkbox"/> Yes <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form <input type="checkbox"/> This is the first application submitted by this author as copyright claimant <input type="checkbox"/> This is a changed version of the work, as shown by line 6 of this application.	DEPOSIT ACCOUNT FUNDS USED <input type="checkbox"/>	
REMITTANCE NUMBER AND DATE 180-834 JAN 22 75			

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form
 - This is the first application submitted by this author as copyright claimant
 - This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give Previous Registration Number Year of Registration

5

Previous Registration

COMPILE OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates)

{ ... **NONE** }

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)

{ ... **NONE** }**6**

Compilation or Derivative Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

CBM Type..... (**typesetter**)
Sierra Lithograph Inc. (**printer**)

PLACES OF MANUFACTURE

549-A Weddell Drive, Sunnyvale, CA 94086
162 San Lazaro Ave., Sunnyvale, CA 94086**7**
Manufacturing**REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS:** (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols), or (2) phonorecords embodying a fixation of a reading of that work, or (3) both.

a Copies and phonorecordsb Copies Onlyc Phonorecords Only**8**

License For Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)Name **NONE**

Account Number

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)Name **Andrea Dencker/Atari, Inc.**Address P.O. Box 9027, 1272 Borregas Ave.
(City) Sunnyvale, California 94086
(State) (ZIP)**9**

Fee and Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one) Author Copying claimant Owner of exclusive rights Unauthorized agent of(Name of author or other copyright claimant or owner of exclusive rights)
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledgeHandwritten signature (X) ... *Andrea Dencker*

Typed or printed name

Andrea Dencker/Atari, Inc.

Date **12/4/78****10**Certification
(Application must be signed)

Andrea Dencker/Atari, Inc.

(Name)

P.O. Box 9027, 1272 Borregas Ave.

(Number Street and Apartment Number)

Sunnyvale, California 94086

(City) (State)

(ZIP code)

**MAIL
CERTIFICATE
TO**

26 FEB 1978

(Certificate will be mailed in window envelope)

11

Address For Return of Certificate